

FILED JAN 13 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 42138  
10996

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)

St. Louis

c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township)

St. Louis

2159

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

Enroute City Hospital

d. STREET ADDRESS (If rural, give location)

15 3933 Eiler Ave.

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## 3. NAME OF DECEASED (Type or Print)

a. (First)

JOHANNA

b. (Middle)

c. (Last)

DAHMER

## 4. DATE OF DEATH

(Month) (Day) (Year)  
Dec. 21 1950

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

Feb. 15, 1898

## 9. AGE (In years last birthday)

52

IF UNDER 1 YEAR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (State or foreign country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY?

## 13a. FATHER'S NAME

Adolph Farniki

## 13b. MOTHER'S MAIDEN NAME

Sophia Phillipine

## 14. NAME OF HUSBAND OR WIFE

Harry A. Dahmer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT'S SIGNATURE OR NAME

Harry A. Dahmer 3933 Eiler Ave.

ADDRESS

## 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Chronic Myocarditis

## INTERVAL BETWEEN ONSET AND DEATH

10 months

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☒

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

12-21-50 12:00 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

H222

22. I hereby certify that I attended the deceased from 2-25, 1950, to 12-1, 1950, that I last saw the deceased alive on 12-1, 1950, and that death occurred at 6:00 PM., from the causes and on the date stated above.

## 23a. SIGNATURE

N. N. Chiselford

(Degree or title)

M.D.O.

## 23b. ADDRESS

3903 Olive

## 23c. DATE SIGNED

1/23/51

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

Dec. 26, 1950

## 24c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

## 24d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

## DATE REC'D BY LOCAL REG.

DEC 25 1950

## REGISTRAR'S SIGNATURE

J. B. Rauter

## 25. FUNERAL DIRECTOR'S SIGNATURE

Kriegshauser 4228 S. Kingshighway Bl.

## ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*William B White*

Licensed Embalmer No.

*4291*

P. O. Address

*4228 L Kingshigh*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.